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DECLARATION FOR UTIL	ITY OR	Number		
DESIGN	· 1	First Named Inventor	Toshiya FUJISATO	
PATENT APPLICATION)N	CO	MPLETE IF KNOWN	~
(37 CFR 1.63)		Application Number		
Declaration Declara		Filing Date		
With Initial . Filing (34.0.14.90	Art Unit		
Filing (37 CF require	R 1.16 (e))	Examiner Name		
The standard of the standard o		·		
I hereby declare that:		a state of the law moves to	their name	
Each inventor's residence, mailing address,			•	3
I believe the inventor(s) named below to be t which a patent is sought on the invention ent	he original and first i itled:	nventor(s) of the subje	ct matter which is clain	ned and for
METHOD OF TREATING BIOLOGIC		IICROWAVE-IRRAI	DIATION	
	(Title of the	Invention		
the specification of which	(Title of the	invention)		,
is attached hereto			•	,
OR .	,	• .		
	12/11/2003]		
was filed on (MM/DD/YYYY)	12/11/2003	as United States A	pplication Number or P	Ci international
Application Number PCT/JP03/015914	and was amended	d on (MM/DD/YYYY)		(if applicable)
I hereby state that I have reviewed and unde	rstand the contents	of the above identified	specification, including	the claims, as
amended by any amendment specifically ref	erred to above.			
I acknowledge the duty to disclose information	ation which is mater	rial to patentability as	defined in 37 CFR 1.	.56, including for
continuation-in-part applications, material in and the national or PCT international filing d	ate of the continuation	on-in-part application.	·	
I hereby claim foreign priority benefits und inventor's or plant breeder's rights certificate	er 35 U.S.C. 119(a)	-(d) or (f), or 365(b) or	of any foreign applicat	ion(s) for patent,
country other than the United States of Ame	rica, listed below an	d have also identified	below, by checking the	box, any foreign
application for patent, inventor's or plant bre before that of the application on which priorit	eder's rights certifica	ate(s), or any PCT inte	rnational application ha	aving a filing date
Prior Foreign Application	Foreign Filing			Copy Attached?
Number(s) Country	(MM/DD/YY)	YY) Not Cla	imed YES	NO NO
2002-360094 Japan	12/12/2002	j ¦	닉 片	
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]` [
Additional foreign application numb	ers are listed on a s	upplemental priority da	ta sheet PTO/SB/02B	attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

								
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NAME OF SOLE OR FIRST IN	VENTOR:	□ A p	etition	has h	neen filed	for this	s unsiai	ned inventor
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor in the sum of								
Toshiya FUJISATO					•			
Inventor's Signature	A.			<u>-</u> -				Date Jul 7, 2005
Residence: City	State		Coun	try			Citize	nship
Suita-shi			JAPAN		·		JAPAN	
Mailing Address c/o National Cardiovascular Center,	5-7-1, Fujishirodai					-		
City	State			Zip		·····		Country
Suita-shi	Osaka-fu			565-	8565			JAPAN
NAME OF SECOND INVENTO	oR:			Α	petition ha	as bee	n filed t	for this unsigned inventor
Given Name (first and middle [i					Family Na			
Akio		•		ĸ	ISHIDA			
Inventor's Signature		-						Date June 5, 2005
Residence: City	State		Coun	try			Citize	nship
Suita-shi			JAPAN	1			JAPAN	
Mailing Address do National Cardiovascular Center, 5-7-1, Fujishirodai								
City	State			Zip			Count	ry
Suita-shi ·	Osaka-fu			565-8	3565		JAPAN	
Additional inventors or a legal re	presentative are being na	med on thes	suppleme	ental s	heet(s) PTO/	SB/02A	or 02LR	attached hereto.

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DECLARATION		Supplemental S	inventor(5)	Page of	
Name of Additional Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)	Family Name or	Surname			
Seiichi		FUNAMOTO		•	
Inventor's #G + 33 -				Date June 3, 105	
Suita-shi Residence: City	State	JAPA Cou	N Intry	JAPAN Citizenship	
c/o National Cardiovascular Center, 5-7-1, Fujishirodai Mailing Address				·	
Suita-shi	Osaka-fu		565-8565	JAPAN	
City	State		Zip	Country	
Name of Additional Joint Inventor, if an	y:	A petition	has been filed for this ur	nsigned inventor	
Given Name (first and middle (if any))		Family Name or S	ırname	
Takeshi	*	NAKATANI ·			
Inventor's Signature Jukeshu	Maketa	m		Date June 6, 2005	
Suita-shi Residence: City	State		JAPAN Country	JAPAN Citizenship	
c/o National Cardiovascular Center, 5-7-1, Fujishirodai Mailing Address	·				
Suita-shi ·	Osaka-fu		565-8565	JAPAN	
City	State		Zip	Country	
Name of Additional Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor			
. Given Name (first and middle (if any))		Family Name or Surname			
Soichiro		KITAMURA			
Inventor's Soiluio (liter	m-ra_			June 6, 2005	
Suita-shi	CLEAR	•	JAPAN	JAPAN	
Residence: City c/o National cardiovascular Center, 5-7-1, Fujishirodai	State		Country	Citizenship	
Mailing Address					
Suita-shi City	Osaka-fu State		565-8565 Zip	JAPAN Country	

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Filing Date		
First Named Inventor	Toshiya FUJISATO	
Title		
Art Unit		
Examiner Name		
Attorney Docket Number		

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I am the: ✓ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	0	#V]/ .				Date	June 3	, 2005
Name	Toshiya	FUJISATO .				Telephone		
Title and Company								
NOTE: Signatures of all the signature is required, see the	e inventor pelow*.	s or assignees of record of the entir	re interest or their r	epresenta	ative(s) are require	ed. Submit mi	ultiple forms if mo	ore than one
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Filing Date		
First Named Inventor	Toshiya FUJISATO	
Title		
Art Unit		•
Examiner Name		
Attorney Docket Number		

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Signature		1 feet				Date	Jum 5.	2005
Name	Akio KIS	HIDA				Telephone		
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Examiner Name		
Attorney Docket Number		

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Signature	ATO	本孩一				Date	
Name	Seiichi I	UNAMOTO				Telephone	June 3 / 05
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Examiner Name	
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	. 5	Toposhe neb do	ino		· · · · · · · · · · · · · · · · · · ·	Date	June 6, 2005
Name	Takeshi	NAKATANI				Telephone	
Title and Company							
NOTE: Signatures of all signature is required, see	the invento e below*.	rs or assignees of record of the entire	interest or their	represent	ative(s) are require	ed. Submit mu	altiple forms if more than one
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I hereby revoke all previous powers of attorney given in the above-identified application.									
I hereby appoint:		Γ					:		
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Practitioner(s) named below:									
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Signature	SOIC	him Citam	ya			Date	June	6,2005	-
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
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